

Wing DDR Funding Summary

Activity	Total Cost	Wing Funding	DDR Request
1.			
2.			
3.			
4.			
5.			
6.			
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9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
TOTAL			

CERTIFICATION:

I understand that while this information represents a projection, I must request approval from National Headquarters prior to exceeding any line item expenditure within mission number assigned.
All funded activities provide equal access and equal opportunity and does not discriminate on the basis of handicap, color, creed, or religion.

I certify that all pertinent directions have been complied with and that this action is in accordance with the best interest of the CAP/DDR Program.

Unit Charter No.	Signature of Requester	Typed Name and Grade of Requester	
APPROVED	Signature of Flight/Squadron Commander	Flight/Squadron	Date
APPROVED	Signature of DDRA	Wing	Date
REVIEWED	Signature of DDRC	Region	Date
APPROVED	Signature of Wing/Region Commander	Wing/Region	Date